



ILLINOIS MEDICAL ASSISTANCE PROGRAM PROVIDER BULLETIN

9/19/03

TO: Providers of Therapy Services

RE: Handbook for Providers of Therapy Services Update

The purpose of this bulletin is to provide updated pages for the Handbook for Providers of Therapy Services. This update provides two appendices that were omitted in the original handbook.

Replacement pages for the Handbook for Providers of Therapy Services are available on the department's Web site at < http://www.state.il.us/dpa/provider_release_bulletins.htm >. If you do not have access to the Internet, or need a paper copy, printed copies are available upon written request. You need to specify a physical street address to ensure delivery. Submit your written request or fax to:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114
Fax Number: (217) 557-8800
E-mail address is PPU@mail.idpa.state.il.us

The pages are dated April 2003. The affected items are designated by “=” signs to the left. This Provider Bulletin lists the pages to be removed and replaced.

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If you have any questions regarding this bulletin, please contact the Bureau of Comprehensive Health Services at (217) 782-5565.

CHAPTER J-200

THERAPY SERVICES

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J-211 PRIOR APPROVAL PROCESS

Prior to the provision of certain services approval must be obtained from the Department.

If charges are submitted for services which require prior approval and approval was not obtained, payment will not be made for services as billed. See Chapter 100, Topic 111, for a general discussion of prior approval provisions.

The Department will not give prior approval for an item or service if a less expensive item or service is considered appropriate to meet the patient's need.

Prior approval to provide services does not include any determination of the patient's eligibility. When prior approval is given, it is the provider's responsibility to verify the patient's eligibility on the date of service.

Prior approval requirements do not apply in situations in which physical, occupational and speech therapy services are provided:

- to an individual within a sixty-calender day period immediately following discharge from an acute care or a rehabilitation hospital;
- to an individual eligible for Medicare Part B benefits and the service is covered by the Medicare Program;
- the individual has been hospitalized within the past thirty days and was, while hospitalized, receiving therapy services;
- to children age 0-20;
- = • for the intial evaluation and treatment period as described in Appendices J-4 and J-5

Prior approval is required for continuation of therapy after the initial sixty-day period. It is the responsibility of the provider to initiate the request as soon as possible within the first sixty days in order to avoid disruption of services.

Procedure: The provider is to complete and submit Form DPA 1409, Prior Approval Request. A copy of the physician orders and a copy of the initial evaluation or progress summary are required attachments. The length of time of sessions should be noted.

Prior Approval requirements are waived in instances in which Medicare payment is approved. If the service is noncovered, determined not medically necessary by Medicare, or when Medicare benefits are exhausted, post approval from the Department is required.

Procedure: The provider is to submit the adjudicated Medicare billing form, Explanation of Medicare Benefits, and completed Form DPA 1409. Approval will be granted when in the judgement of a consulting physician and/or professional staff of the Department; the services are medically necessary and appropriate to meet the individual's medical needs.

J-211.1 PRIOR APPROVAL REQUESTS

Prior approval requests must contain enough information for Department staff to make a well-informed decision on medical necessity, appropriateness and anticipated patient benefits of the service. When it is necessary to provide an item or service outside of routine business hours, refer to Chapter 100, Topic 111.

The single most common reason for denial of prior approval requests is lack of adequate information upon which to make an informed decision.

Prior approval requests may be submitted to the Department by mail, fax, telephone or electronically via the REV system.

By Mail:

The provider is to complete form DPA 1409, Prior Approval Request, when requesting covered services. A sample copy of form DPA 1409 and instructions for its completion are found in Appendices J-2 and J-2a.

All forms DPA 1409 must be signed in ink by the supplying provider or his or her designee. The form DPA 1409 must be accompanied by a current signed and dated physician order for the services requested. Submitting the physician order and other necessary information and explanation of medical necessity when the initial request is made will prevent delays in processing prior approval.

By FAX:

Prior approval may be requested by fax. Complete Form DPA1409, following the procedures described above for mailed requests. The completed form, the physician order and other associated documents can be faxed to the number shown below. Providers should review the documents before faxing to ensure that they will be legible upon receipt.

The fax number for prior approval requests is 217-524-0099. This fax is available 24 hours a day. Requests faxed during non-business hours will be considered to have been received on the next normal business day.

APPENDIX J-4

INITIAL TREATMENT WITHOUT PRIOR APPROVAL FOR PHYSICAL AND OCCUPATIONAL THERAPY

The following is a list of diagnoses and time for initial treatment without prior approval.

Services for these conditions may be provided during the time or the number of treatments identified, whichever occurs first.

If service is necessary beyond the time or number listed, prior approval will be necessary.

Along with the appropriate diagnosis, the therapist must ensure that a functional deficit exists which impairs the participant's physical well-being and that therapy services have the capacity to alleviate or significantly reduce such deficit, and that without therapy services the participant's functional deficit would not improve.

<u>Diagnosis/Etiology</u>	<u>Initial Time</u>	<u>Number of Sessions</u>
Fracture of vertebral column	1 month	8
Incomplete Cauda Equina syndrom	3 months	39
Spinal radiculopathy	3 months	39
Spinal stenosis	3 months	39
AIDS w/neurological involvement	3 months	26
Amyotropic Lateral Sclerosis	3 months	26
Cerebellar Ataxia	3 months	26
Diabetes w/neurological impairment	3 months	26
Encephalopathy	3 months	26
Gullain Barre Syndrome	3 months	26
Postpolio Syndrome	3 months	26
Meningitis	3 months	26
Multiple Sclerosis	3 months	26
Myasthenia Gravis	3 months	26

<u>Diagnosis/Etiology</u>	<u>Initial Time</u>	<u>Number of Sessions</u>
Parkinsons disease	3 months	26
Spinocerebellar degeneration	3 months	26
Syringomyelia	3 months	26
Quadraplegia	3 months	39
Cerebrovascular accident	3 months	39
Hemiparesis	3 months	39
Hemiplegia	3 months	39
Subarachnoid hemorrhage	3 months	39
Ankylosing Spondylitis	3 months	39
Degenerative joint disease	3 months	39
Dermatomyocitis	3 months	39
Juvenile Rheumatoid Arthritis	3 months	39
Lupus Erythematosis	3 months	39
Osteoarthritis	3 months	39
Psoriatic Arthritis	3 months	39
Rheumatoid Arthritis	3 months	39
Scleraderma	3 months	39
Amputation (upper or lower extremity)	3 months	39
Multiple fractures (upper or lower extremity)	3 months	39
Adhesive capsulitis of shoulder	3 months	39
Brachial Plexus lesion	3 months	39
Compression syndrome	3 months	39
Upper extremity joint contracture	3 months	39
Crushing injury	3 months	39
Degloving injury	3 months	39

<u>Diagnosis/Etiology</u>	<u>Initial Time</u>	<u>Number of Sessions</u>
DeQuervian's disease	3 months	39
Dupuytren's Paralysis	3 months	39
Erbs Palsy	3 months	39
Klumpkes Paralysis	3 months	39
Peripheral nerve injury	3 months	39
Reflex Sympathetic Dystrophy	3 months	39
Muscle rupture	3 months	39
Shoulder (glenhumeral fracture)	3 months	39
Single fracture (wrist, upper or lower arms)	3 months	39
Tendon repair	3 months	26
Tendonitis	3 months	26
Carpal Tunnel Syndrome	3 months	26
Commulative trauma	3 months	39
Lymphedema	3 months	39
Rotator cuff	3 months	39
Shoulder dislocation	3 months	39
Facial and trunk burns	3 months	39
Facial and trunk reconstructive surgery	3 months	39
Arthrogypsis	3 months	39
Hypertonia	3 months	39
Hypotonia	3 months	39
Muscular Dystrophy	3 months	39
Sensory Integrative Dysfunction	3 months	39
Anoxic Brain Injury	3 months	39
Brain tumor	3 months	39

<u>Diagnosis/Etiology</u>	<u>Initial Time</u>	<u>Number of Sessions</u>
Closed head injury	3 months	39
Central cord syndrome	3 months	39
Quadriplegia, quadriparesis	3 months	39
Paraplegia, paraparesis	3 months	39
Upper extremity burns	3 months	39
Upper extremity reconstructive surgery	3 months	39

APPENDIX J-5

GUIDELINES FOR SERVICE NOT REQUIRING PRIOR APPROVAL FOR SPEECH AND LANGUAGE THERAPY

ADULT NEUROLOGICAL DISORDERS

A. DESCRIPTIONS

1. **APHASIA:** An impairment in understanding and use of language. Disturbances may be evident in speech, auditory comprehension, reading, writing, gestures or numerical relationships. It is unrelated to any speech muscle dysfunction.

Etiology: A result of brain damage from stroke (Cerebral Vascular Accident), head injury, tumors and infection such as meningitis.

2. **APRAXIA:** An impairment of voluntary movements on command due to brain damage in the absence of significant auditory comprehension deficits and not the result of neuromuscular impairment. This category includes:

a. **MOTOR APRAXIA:** An impairment in the ability to carry out voluntary motor acts such as writing, gesturing, use of objects, etc.

b. **APRAXIA OF SPEECH:** An impairment of controlled voluntary movement of the speech mechanism that verbal expression is usually labored and person may appear to struggle when speaking. Sounds are not always produced accurately.

Etiology: It is a result of brain damage caused by stroke (CVA), head injury, infection or tumor.

3. **DYSARTHRIA:** A motor speech impairment due to paralysis, weakness or incoordination of the muscles of speech, phonation and respiration.

Etiology: Dysarthria is the result of damage to the speech muscle control centers in the brain caused by stroke (CVA), head trauma, tumors or diseases affecting muscle control which include, but are not limited to: Cerebral Vascular Accident, Amyotrophic Lateral Sclerosis, Cerebral Palsy, Multiple Sclerosis, exposure to toxins and drugs, Parkinson's Disease, Myasthenia Gravis and Polio.

4. **NON-DOMINANT HEMISPHERE LESIONS:** Difficulty in utilizing language skills effectively and efficiently. Problems in the area of attention, orientation, perception, pragmatics, memory and integration affect the patient's ability to understand, read, write, speak, handle money and perform mathematical calculations.

Etiology: It is a result of brain damage caused by stroke (CVA), head injury, tumor or infection. The damage occurs on the nondominant side of the brain, which in most adults is the right cerebral hemisphere.

5. LANGUAGE DEFICITS RELATED TO GENERALIZED BRAIN DAMAGE:

Overall depressed language skills with attentional and memory deficits; disorientation to time, person and place; problems with abstract language and reduced ability to organize language and slow processing.

Etiology: It is a result of brain damage caused by, but not limited to anoxia, encephalitis, multiple CVA's, toxicity, carbon monoxide poison, Parkinson's disease, dementia, Alzheimer's Disease, organic brain syndrome, Korsakoff's Disease, head injury, etc.

B. CRITERIA FOR TREATMENT

Assessment/Evaluation by a licensed speech-language pathologist reveals:

1. Functional deficits in auditory comprehension, speech-language production, reading, numerical relationships, writing or pragmatics,
2. Potential for improvement,
3. No previous outpatient treatment for the most recent episode, or
4. A significant circumstance necessitating a second treatment regimen, including, but not limited to: patient showed significant increase in alertness, motivation or language functioning, treatment course interrupted, etc.

C. LENGTH OF TREATMENT

Initial Treatment Period (up to 6 months):

1. No prior approval.
2. 30, individual or group, one hour sessions.

Additional treatment period after reassessment (up to 6 months for each period):

1. Prior approval.
2. 30, individual or group, one hour sessions.

ADULT VOICE DISORDERS GENERAL

A. DESCRIPTION

Voice disorders in adults and adolescents can include problems of vocal quality, resonance, pitch or loudness. Aphonia (the absence of voice) and aphonic breaks can occur. There can also be breath support/control problems impairing voice production.

Terms frequently used to characterize voice disorders involving problems with voice quality, resonance, pitch or loudness include:

Voice quality: hoarseness, wet hoarseness, roughness, strain, harshness, stridency, strangled, tremor, periodicity, breathiness, whisper, glottal attacks, glottal fry.

Resonance: nasality problems.

Vocal Pitch: too low, too high, too little variation (monopitch), multiple pitches (e.g. diplophonia), too much variation including pitch breaks.

Loudness: weak, overly loud, inappropriate variations.

Etiology: Misuse or improper use/functioning of the vocal mechanism; frequently there is vocal abuse. Sometimes, abnormalities or pathologies of the larynx are present, including but not limited to: nodules, polyps, contact ulcers, papilloma, vocal cord paralysis, bowing of vocal cords, laryngeal edema, chronic laryngitis, stenosis. Some of the above are the direct result of habitual/chronic misuse of the voice. It is recommended that individuals with voice problems/disorders receive laryngeal examination.

B. CRITERIA FOR TREATMENT

Speech-voice Assessment/Evaluation by a licensed speech language pathologist reveals:

1. A voice problem of at least moderate degree,
2. Problems with any two (or more) aspects of voice,
3. No previous voice treatment, or
4. Significant incident necessitating a second treatment regime.

C. LENGTH OF TREATMENT

Initial Treatment Period (up to 6 months):

1. No prior approval.
2. 30, one hour sessions.

Additional treatment period after reassessment (up to 3 months for each period):

1. Prior approval.
2. 12, one hour sessions.

D. EXCEPTION

A voice problem of mild degree:

Initial Treatment Period (up to 6 months):

1. No prior approval.
2. 12, one hour sessions.

Additional treatment period after reassessment (up to 2 months for each period):

1. Prior approval.
2. 12, one hour sessions.

ADULT VOICE DISORDERS Related to Laryngeal Cancer

A. DESCRIPTION

Voice disorders related to laryngeal lesions (cancer) can include total absence of voice or problems of voice quality, pitch or loudness. There can also be breath support/control problems impairing voice production secondary to respiratory disorders or tracheostomy.

Additionally, swallowing-eating may be a problem (Refer to Swallowing Disorders).

Terms frequently used to characterize voice problems include:

No voice, aphonia

Voice quality: hoarseness, wet hoarseness, roughness, strain, harshness, stridency, strangled, breathiness, impaired/reduced laryngeal adduction, glottal fry.

Vocal pitch: too low.

Loudness: reduced, weak voice.

Etiology: These voice problems occur in conjunction with various laryngeal lesions (cancer); frequently surgery or radiation is required. The surgical procedures include but are not limited to: total laryngectomy and partial laryngectomy; e.g. supraglottic laryngectomy, vertical hemilaryngectomy, hemilaryngectomy, or subtotal laryngectomy.

B. CRITERIA FOR TREATMENT

Speech-voice Assessment/Evaluation by a licensed speech language pathologist reveals:

1. No voice (aphonia); or
2. Problems with any two (or more) aspects of voice;
3. A problem of at least a mild to moderate degree; or
4. Swallowing problems (Refer to Swallowing Disorders)
5. No previous voice treatment; or
6. Significant incident necessitating a second treatment regime, e.g. dilatation, TEP.

C. LENGTH OF TREATMENT

1. No voice (aphonia), related to total laryngectomy

a. Esophageal Voice Treatment: Traditional*

Initial Treatment Period (up to 9 months):

1. No prior approval.
2. 45, one hour sessions.

Additional treatment period after reassessment (up to 3 months for each period):

1. Prior approval.
2. 14, one hour sessions.

b. Esophageal Voice Treatment: Use of a prosthesis, e.g. after tracheoesophageal puncture.

Initial Treatment Period (up to 3 months):

1. No prior approval.
2. 20, one hour sessions.

Additional treatment period after reassessment (up to 3 months for each period):

1. Prior approval.
2. 12, one hour sessions.

c. Esophageal Voice Treatment: Use of an Artificial Larynx, e.g. electrolarynx.

Initial Treatment Period (up to 3 months):

1. No prior approval.
2. 12, one hour sessions.

Additional treatment period after reassessment (up to 3 months for each period):

1. Prior approval.
2. 12, one hour sessions.

2. Voice problems of quality, pitch, loudness related to partial laryngectomy.

Initial Treatment Period (up to 3 months):

1. No prior approval.
2. 12, one hour sessions.

*Treatment with an artificial larynx and traditional esophageal voice treatment may be occurring at the same time.

Additional treatment period after reassessment (up to 3 months for each period):

1. Prior approval.
2. 12, one hour sessions.

ADULT SPEECH DISORDERS Related to Oral Cancer

A. DESCRIPTION

Speech disorders related to oral cancer involve impairment of speech intelligibility and include problems of articulation, resonance and rate/prosody. Additionally, swallowing-eating problems are frequently present. Terms often used to characterize these speech problems include:

Articulation: imprecise, distorted, reduced clarity, slurred, sound substitutions-compensations/omissions, reduced or poor intelligibility.

Resonance: nasality, other resonance changes because of changes in the oral cavity, nasal air emission/leaks.

Rate/prosody: slow, too fast for present speech mechanism.

Oral-motor proficiency: limited rate, range or strength of movement of the lips, tongue, mandible, velum.

Swallowing-eating, deglutition: slow, nasal regurgitation, reduced oral motility and drooling, increase in oral transit time, impaired pharyngeal phase, reduced swallow reflex, coughing (food entering airway) aspiration.

Etiology: These speech and swallowing-eating problems occur in conjunction with various oral lesions (cancer); frequently there has been surgery or radiation. The surgical procedures include but are not limited to: total glossectomy, partial tongue resection/partial glossectomy, composite resection, tongue flaps, palatal-maxillary surgery.

B. CRITERIA FOR TREATMENT

Speech-voice Assessment/Evaluation by a licensed speech language pathologist reveals:

1. A speech problem of at least moderate degree,
2. A swallowing-eating problem of a mild degree or worse,
3. No previous speech treatment, or
4. Significant incident necessitating a second treatment regime.

C. LENGTH OF TREATMENT

Initial Treatment Period (3 months):

1. No prior approval.
2. 20, one hour sessions.

Additional treatment period after reassessment (up to 3 months for each period):

1. Prior approval.
2. 15, one hour sessions.

D. EXCEPTION

For a problem of mild degree:

Initial Treatment Period (2 months):

1. No prior approval.
2. 12, one hour sessions.

Additional treatment period after reassessment (up to 2 months for each period):

1. Prior approval.
2. 12, one hour sessions.

SWALLOWING DISORDERS

A. DESCRIPTION

Infants, children or adults exhibiting swallowing and feeding disorders including but not limited to the following: prematurity, neurological disorders (cerebral palsy, degenerative diseases, CVA), oral-motor deficits, oral-sensory deficits, supraglottic laryngectomy or head and neck cancer. One or more of the stages of swallowing may be involved:

Oral: Material placed in the mouth, lip seal and formation and manipulation of the bolus. This includes mastication. The tongue propelling the bolus posteriorly until the swallow reflex is triggered.

Pharyngeal: Reflexive swallow carries bolus through the pharynx.

Esophageal: Esophageal peristalsis carries bolus through the cervical and thoracic esophagus to the stomach.

B. CRITERIA FOR TREATMENT

Swallowing evaluation by a licensed speech language pathologist reveals:

1. Children or adults must have difficulty with one or more stages of swallowing.
2. The child or adult must have inadequate oral intake of solids or liquids for nutrition.
3. There must be potential for increasing oral intake.

C. LENGTH OF TREATMENT

Initial Treatment Period (up to 6 months):

1. No prior approval.
2. 36, one hour sessions.

Additional treatment period after reassessment (up to 3 months):

1. Prior approval.
2. 18, one hour sessions.
3. Evidence that treatment plan was evaluated and revised; evidence of progress; or discharge recommendation.

PEDIATRIC/CHILDHOOD DISORDERS ARTICULATION/PHONOLOGICAL DISORDER

A. DESCRIPTION

ARTICULATION/PHONOLOGICAL DISORDER

The inability to produce speech sounds in the language system adequately, thus reducing intelligibility of speech.

Etiology: Includes, but is not limited to: trauma, cerebral palsy, apraxia, cleft palate, neuromuscular disorders, hearing impairment, mental retardation, emotional disturbances, recurrent otitis media acquired aberrant behavior patterns, brain tumors, oral trauma, oral cancer requiring surgery.

B. CRITERIA FOR TREATMENT

Speech Language evaluation by a licensed speech language pathologist reveals:

1. Articulation/phonological skills fall below those expected for child's chronological age.
2. Disorder negatively affects overall speech intelligibility.

C. LENGTH OF TREATMENT:

Initial treatment period (up to 6 months):

1. No prior approval.
2. 24, one hour sessions.

Additional treatment period after reassessment (up to 3 months for each period):

1. No prior approval.
2. 12, one hour sessions.

PEDIATRIC/CHILDHOOD LANGUAGE DISORDERS

A. DESCRIPTION

Language Disorder will be used here as a broad term to describe certain language behaviors, or lack of same, in a child that are different from the behaviors that might be expected considering the child's chronological age.

Etiologies which cause language disorders or put children at risk, include but are not limited to: head injury, brain tumors, CVA, anoxia, seizures, cerebral palsy, cleft palate, mental retardation, meningitis, hearing impairment, chronic otitis media, emotional disturbances, minimal brain dysfunction, environmental deprivation, failure to thrive, bronchopulmonary dysplasia, fetal alcohol syndrome, encephalitis, respiratory dependent, maternal addiction to controlled substance at time of birth.

B. CRITERIA FOR TREATMENT

Speech Language evaluation by a licensed speech language pathologist reveals:

1. Language skills fall below those expected for the child's chronological age.
2. Those skills may include auditory comprehension, oral expression/formulation, pragmatics, reading comprehension, cognition, numerical relationships or written expressions.

C. LENGTH OF TREATMENT:

Initial treatment period (up to 6 months):

1. No prior approval.
2. Treatment should begin as soon as the problem is identified.
3. 24, one hour or 48, 1/2 hour group or individual treatment sessions.

Additional treatment period after reassessment (up to 6 months for each period):

1. No prior approval.
2. 24, one hour or 48, 1/2 hour group or individual treatment sessions.

Typically, treatment can be expected to be necessary for twelve months or more depending upon the etiology or severity of the disorder.

PEDIATRIC/CHILDHOOD DISORDERS VOICE DISORDERS

A. DESCRIPTION

Voice Disorders: A term used to refer to defects in one or more aspects of voice production which are related to abnormalities in size, shape, tonicity, surface conditions and muscular control of the phonating and resonating mechanisms.

Etiology: These voice problems occur in conjunction with various laryngeal pathologies or abnormalities including but not limited to: disease, trauma, surgery, abuse, stenosis, nodules, polyps, cleft palate, congenital webs, tracheostomy, tracheal malsia, psychogenic reasons.

B. CRITERIA FOR TREATMENT

One or more aspects of voice is judged to be abnormal as assessed by a licensed speech language pathologist.

C. LENGTH OF TREATMENT:

Initial treatment period (up to 6 months):

1. No prior approval.
2. Treatment should begin as soon as the problem is identified.
3. 24, one hour sessions.

Additional treatment period after reassessment (up to 3 months):

1. Requires prior approval.
2. 10, one hour sessions.

NONSPEAKING CHILDREN

A. DESCRIPTION

Nonspeaking children: Individuals having no consistent functional means of communications or those individuals who demonstrate inconsistent functional skills in speaking, writing or gestures due to a variety of speech, language and voice disorders.

Etiology: includes but is not limited to the following cerebral palsy, cerebral vascular accident, head trauma, brain tumor, spinal cord injury (requiring a trach), muscular dystrophy, respiratory disorders, tracheostomy, mental retardation, autism, deaf or hearing impairment.

B. CRITERIA FOR TREATMENT

Evaluation by a licensed speech language pathologist reveals:

1. Speech and Expressive Language Skills
 - a. Absence of functional speech and language, or
 - b. Markedly reduce intelligibility of speech, and
 - c. Nonfunctional written or gesture skills.
2. Cognitive Skills
 - a. Fair to good attention, memory, orientation and potential for new learning.
 - b. Recognition of symbols, pictures, words, alphabet letters or numbers, or recognition of gestures and manual signs.
3. Behavior
 - a. Cooperative and receptive to treatment
 - b. Attempts to communicate to others or displays potential
 - c. Not destructive or harmful to self or others
4. Intervention
 - a. Intervention requires the utilization of an alternate/augmentative communication system to facilitate further development in communication.

5. Environmental Factors

- a. Family or supportive individuals must be receptive toward the nonspeaking individual's use of an alternative/augmentative communication system (ACS).
- b. The existence of education or vocational goals, or has potential for benefitting from educational experience via the introduction of an ACS.

C. LENGTH OF TREATMENT:

Initial treatment period (up to 6 months):

1. No prior approval.
2. Training with a temporary ACS (up to 3 months)
 - a. 15, one hour sessions
3. Training with a permanent ACS (up to 6 months)
 - a. 30, one hour sessions.

Additional treatment period after reassessment (up to 3 months for each period):

1. No prior approval.
2. 24, one hour sessions.

Reassessment/Recheck (following discontinuation of formal training):

Periodic rechecks/follow-up sessions are recommended and conducted in 2 hours of sessions:

1. No prior approval
2. To monitor the patient's use of his ACS
3. To reassess his current communicative needs and capabilities
4. To determine if further upgrading or modification is required
5. To assess with an advanced ACS

Prior approval for training with the newly recommended ACS (based on documented results or reassessment/recheck procedures):

1. No prior approval
2. 30, one hour sessions within a 6 month period
3. Treatment to continue in 12, one hour session blocks should be granted based on documented progress.